



# Investment Option Change Request Governmental 457(b) Plan

State of Tennessee 457 Plan

98986-01

## Participant Information

Last Name			First Name			MI			Social Security Number								
												Account Extension (if applicable)					

**Investment Option Information** - You may make only one transfer per Investment Option Change Request form submitted. Refer to your marketing communication materials for investment option designations.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

### (A) CHANGE FUTURE CONTRIBUTIONS

#### INVESTMENT OPTIONS (applies to all money types)

_____ %	Allianz NFJ Large Cap Value Instl
_____ %	Fidelity Puritan Fund
_____ %	Calvert Income Fund
_____ %	Columbia Acorn Z
_____ %	Columbia Mid Cap Value Z
_____ %	DFA International Value Fund I
_____ %	Fidelity Small Cap Independence
_____ %	Fidelity Retirement Govt Money Market Fd
_____ %	Fidelity International Discovery Fund
_____ %	Morgan Stanley Inst US Small Cap Value I
_____ %	Fidelity Contrafund
_____ %	Fidelity Magellan Fund
_____ %	Fidelity OTC Portfolio
_____ %	Vanguard Total Bond Market Index Signal
_____ %	Vanguard Target Retirement 2050 Fund
_____ %	Vanguard Target Retirement 2045 Fund
_____ %	Vanguard Target Retirement 2040 Fund
_____ %	Vanguard Target Retirement 2035 Fund
_____ %	Vanguard Target Retirement 2030 Fund
_____ %	Vanguard Target Retirement 2025 Fund
_____ %	Vanguard Target Retirement 2020 Fund
_____ %	Vanguard Target Retirement 2015 Fund
_____ %	Vanguard Target Retirement 2010 Fund
_____ %	Vanguard Target Retirement Income Fund
_____ %	State Street S & P 500 Flagship Series C
_____ %	ING Fixed Plus Account
_____ %	Regions Bank

= 100% **MUST EQUAL 100%**

### (B) TRANSFER EXISTING INVESTMENT OPTIONS

#### INVESTMENT OPTION CODE

#### TRANSFER FROM

(Choose One)

#### TRANSFER TO

(Choose One)

INGALG	_____ %	_____ % \
FD-PUR	_____ %	_____ % \
CINCX	_____ %	_____ % \
INGCAC	_____ %	_____ % \
INGCMC	_____ %	_____ % \
DFIVX	_____ %	_____ % \
FDSCX	_____ %	_____ % \
FD-RGV	_____ %	_____ % \
FIGRX	_____ %	_____ % \
INGMSC	_____ %	_____ % \
FD-CNT	_____ %	_____ % \
FD-MAG	_____ %	_____ % \
FD-OTC	_____ %	_____ % \
VBTSX	_____ %	_____ % \
VFIFX	_____ %	_____ % \
VTIVX	_____ %	_____ % \
VFORX	_____ %	_____ % \
VTTHX	_____ %	_____ % \
VTHRX	_____ %	_____ % \
VTTVX	_____ %	_____ % \
VTWNX	_____ %	_____ % \
VTXVX	_____ %	_____ % \
VTENX	_____ %	_____ % \
VTINX	_____ %	_____ % \
SV-SPC	_____ %	_____ % \
AEF-FX	_____ %	_____ % \
UP-UPB	_____ %	_____ % \

**MUST INDICATE WHOLE PERCENTAGES = 100%**



_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number

**Participation Agreement**

**Transfer Restrictions** - Your investment option transfer request may be subject to certain transfer restrictions imposed by the relevant investment option(s) and/or your Plan Document.

**General Information** - Requests received in good order by Service Provider up to 4:00 p.m. Eastern Time will be considered received that same day. Any request received after 4:00 p.m. Eastern Time will be considered received the next business day. The changes requested on this form will not be initiated until received in good order by Service Provider.

**Investment of Future Contributions** - Complete **Section (A)** to change future payroll contributions.

**Transfer of Existing Options** - Complete **Section (B)** to transfer existing investments.

Indicate the percentage of the investment option you would like to move to another investment option(s) by marking the percent (on the same line as the investment option you want to move from) in the column marked **TRANSFER FROM**.

Indicate the percentage next to the appropriate investment option(s) under the column marked **TRANSFER TO**. Your selections must total 100%. Also, note that assets cannot be transferred into an investment option that is having assets transferred out of it.

**Investment Options** - I understand and agree that my account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses and/or other disclosure documents, have been made available to me and I understand the risks of investing. If I have assets in more than one plan (i.e., a 401(k) plan and a governmental 457(b) plan) and I wish to change investments for each plan, I will need to complete separate forms.

**Account Corrections** - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate to Service Provider within 90 calendar days of the end of the last calendar quarter. Thereafter, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

**Required Signature** - My signature acknowledges that I have read, understand and agree to the provisions of this Investment Option Change Request form. I affirm that all information that I have provided is true and correct.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**Participant** forward to Service Provider at:  
Great-West Retirement Services®  
545 Mainstream Drive, Suite 407  
Nashville, TN 37228  
**Phone #:** 1-800-922-7772  
**Web site:** www.treasury.state.tn.us/dc